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The Institute of Medical Ethics is an independent, non-partisan organisation for the multidisciplinary study of medico-moral issues raised by the practice of medicine, and concerned with research, education and information. It is financed by grants and donations from public and private sources.

The institute aims to help improve the quality of both professional and public discussion of medico-moral questions; to promote the study of medical ethics; to promote high academic standards for this ever developing subject; to encourage a multidisciplinary approach to discussion of the consequences of clinical practice; to stimulate research into specific problems, and to remain non-partisan and independent of all interest groups and lobbies.

Institute reports include: *The Ethics of Resource Allocation in Health Care* by Kenneth Boyd, and *Dilemmas of Dying* by Ian Thompson, Edinburgh University Press (both 1979); *Medical Research with Children: Ethics, Law and Practice* by Richard Nicholson, and *Lives in the Balance: the Ethics of Using Animals in Biomedical Medical Research* by Jane Smith and Kenneth Boyd, Oxford University Press (1986 and 1991); *Life Before Birth* by Kenneth Boyd, Brendan Callaghan and Edward Shotter, SPCK (1986); *Teaching and Learning Nursing Ethics* by Ursula Gallagher and Kenneth Boyd, Scutari (1991) and Sorbona Milan (1993); *The Pond Report on the Teaching of Medical Ethics* edited by Kenneth Boyd, and *The Care of Patients with HIV and AIDS: A Survey of Nurse Education in the UK*, by Hazel McHaffie, published directly for the institute (1987 and 1994); *Life, Death and Decisions: Doctors and Nurses Reflect on Neonatal Practice*, by Hazel McHaffie and Peter Fowlie, published by Hochland and Hochland (1996).

Shorter institute reports include: *Assisted Death*, *Lancet*, 1990; *AIDS*, ethics and clinical trials, *British Medical Journal*, 1992; *AIDS and the ethics of medical care and treatment*, *Quarterly Journal of Medicine*, 1992; *Advance directives: partnership and practicalities*, *British Journal of General Practice*, 1993; *Implications of HIV infection and AIDS for medical education*, *Medical Education*, 1994; and *Prolonging life and allowing death: infants*, *Journal of Medical Ethics*, 1995.

The institute derives from the London Medical Group, a student group for the study of ethical issues raised by the practice of medicine which, beginning in 1963, arranged a comprehensive programme of lectures and symposia on such issues. Similar groups associated with the institute are now established in university teaching hospitals throughout the UK.

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Department of Medicine
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Lauriston Place, Edinburgh EH3 9YW

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The *Journal of Medical Ethics* was established in 1975, with a multidisciplinary editorial board, to promote the study of contemporary medico-moral problems. The editorial board has as its aims the encouragement of a high academic standard for this ever-developing subject and the enhancement of professional and public discussion. The journal is published six times a year and includes papers on all aspects of health care ethics, analyses ethical concepts and theories and features case conferences and comment on clinical practice. Intermittent series focus on the **Teaching of medical ethics**; on the medico-moral problems directly experienced by health care workers (**At the coal-face**); on the pursuit of arguments prompted by papers in the journal (**Debate**); on medical ethics in literature (**Medical ethics and literature**); and on briefly argued often unorthodox opinions related to medical ethics (**Point of view**). The journal also contains book reviews and letters. **For submissions, see Notice to contributors.**

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both the incidence of, and mortality from, invasive cervical cancer.

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Peggy Foster, PhD, is Senior Lecturer in Social Policy, School of Social Policy, University of Manchester, Manchester. C Mary Anderson is a General Practitioner in Heaton Moor Medical Centre, Stockport.

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News and notes

IVth World Congress of IAB

The IVth World Congress of the International Association of Bioethics, Global Bioethics: East and West, South and North, will be held from 4 - 6 November this year in Ichigaya, Tokyo, Japan. Up to date information and call for abstracts will be available on the Internet through: <http://www.uclan.ac.facs/ethics/iab.htm> and <http://www.biol.tsukuba.ac.jp/~macer/IAB4.html>

Also, for information, contact: Professor Hyakudai Sakamoto, President, The East Asian Association for Bioethics, c/o University Research Center, Nihon University, 4-8-24 Kudan-Minami, Chiyoda-ku, Tokyo 102, Japan. Fax: int + 81 35 27 58 326; e-mail: sakamoto@chs.nihon-u.ac.jp

may change our lives. However, we do not learn from them how to make such changes.

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Neil Pickering is Honorary Research Fellow at the Centre for Philosophy and Health Care, University of Wales, Swansea, Singleton Park, Swansea.

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News and notes

12th World Congress on Medical Law

The World Association for Medical Law will hold the 12th World Congress on Medical Law at Siófok in Hungary from August 2 - 6, this year.

Topics will include: Health care policy and legislation; Patient rights; Liability; Education; Nursing law and ethics; Beginning and end of life, and Medical research and new technologies.

For further information please contact: The Organizing Secretariat, MOTESZ Congress Bureau, H-1051 Budapest, Nador u. 36 Hungary. Telephone: (36 1) 311 6687; fax: (36 1) 183 7918. Mailing address: H-1443 Budapest, PO Box 145, Hungary.

News and notes

Medical aid to the Third World

The Royal Free and University College, London Ethics Group is to hold a meeting on Tuesday November 4 from 6 - 7 pm at The Atrium, Ground Floor, Royal Free Hospital, Pond Street, Hampstead, London NW3.

The topic is: Medical aid to the Third World: a moral duty or a waste of money?

Speakers will be: Dr Chris Besse, Director, MERLIN, (Medical Emergency Relief International), Dr John Seaman, Former Head of Overseas Policy, Save the Children Fund and David Shearer, Research Associate, International Institute for Strategic Studies.

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News and notes

Ethics and Genetics

The International Programme in Bioethics Education and Research is organising an Advance European Bioethics Course on *Ethics and Genetics* which will be held from 19-21 November this year in Nijmegen, the Netherlands.

Subjects will include: Ethics and the Human Genome Project; Genetic counselling, and Genetic screening.

For more information please contact: B Gordijn, PhD, Catholic University Nijmegen, 232 Dept of Ethics, Philosophy and History of Medicine, PO Box 9101, 6500 HB Nijmegen, the Netherlands. Telephone: 0031-24-3615320; fax: 0031-24-3540254; internet site: <http://www.azn.nl/fmw/news.htm> E-mail: b.gordijn@efg.kun.nl

News and notes

Competition

The Student Interest Group of the American Society for Bioethics and the Humanities (formerly the Society for Health and Human Values), is sponsoring a call for student-written papers on subjects related to the medical humanities and bioethics. The winner will receive a \$1,000 award and will be expected to present the paper at the 1998 ASBH annual meeting in Houston, Texas, November 17-22.

Papers must be received by July 3, 1998.

For further information please contact: Alexandra Bambas, Institute for the Medical Humanities, Suite 2.210, Ashbel Smith Building, Galveston, TX 77555-1311. Telephone: 409/737-4012; e-mail: abambas@marlin.utmb.edu

The different responses to versions A and B of the questions about the extremely preterm infant and the infant with myelomeningocele show that parental attitude towards treatment is considered important by many. Only a minority, however, would treat exactly in accordance with parental wishes. Most of the respondents would provide treatment against parental wishes in some cases, and many version B respondents would not follow the parents' wish to continue respirator treatment in *premature II*.

In the presentation of the results it was conjectured that most of the responses could be explained by a narrow view focusing on the best interests of the child or by a broader quality of life view where the impact of the infant's survival on the family or society is taken into consideration. These views are supported by different conceptions of the moral status of the infant. The best interests view seems most plausible if the newborn is seen as an entity with future-directed interests, like those we normally ascribe to older children and adults. The quality of life view, on the other hand, makes more sense if newborns are seen as being more like fetuses in many morally relevant ways.¹⁸ It would be interesting to test the hypothesis that these views play an important role by means of qualitative studies.

The number of respondents who thought it should be legal to kill infants in some situations was high compared to findings in studies of attitudes amongst physicians.⁶⁻¹³ The reason for the difference in attitude towards this option between men with less school education and the rest of the respondents is not clear and qualitative studies of the reasoning behind the choices would be valuable.

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Michael Norup, MD, is Research Fellow in the Department of Medical Philosophy and Clinical Theory, University of Copenhagen, Panum Institute, Blegdamsvej 3, Copenhagen, Denmark.

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News and notes

Health and social research grants programme

The UK national lottery charities board has launched a new health and social research grants programme aimed at charities and voluntary organisations who want grants for medical research and social research projects into health.

Completed applications must be received, together with a full research proposal, by 30 October 1998.

For more information please contact Ruth Jones at the National Lottery Charities Board Press Office: 0171 7475200/227.

meaning(s) of words and propositions. However, to one dealing with the hard aspects of the real world this book does not serve the cause of the vast number of AIDS sufferers. A vocal group of AIDS sufferers, the male gays infected and possibly only a minority of these, originally supported by the tabloid press and media, are in reality the only group considered. Scant mention is given to the millions of Third World sufferers who have and who will continue to bear the consequence of infection, largely silently and with impressive stoicism. These millions are dismissed in a single brief quote which at least acknowledges their existence. A similar fate does not follow for those acquiring infection from blood products, especially the haemophiliacs or the infected children in all parts of the world who are not even referred to. The concentration on a facet of the male gay community might be justified if the concepts raised could be transposed to the larger community of those infected but, because of the very limited nature of the discussions, such a case cannot be sustained. The question that the book does again present, even if unin-

tionally, is what benefit has come to those infected from gay activists "fighting the politics of the state" etc. Judging from the position of an onlooker it would seem very little. Equally relevant to this issue must surely be the role of the press and the media in the AIDS epidemic. It was through these agencies that members of the male gay community gained their place in the public eye as the sufferers of AIDS and very much appropriated the disease as a form of martyrdom. Parallel with and probably because of these events the medical profession failed in the early phases to maintain control and judgment over management and treatment of the disease. It also may be argued that much of the blame that was initially directed at the male gay community in the context of AIDS arose from the intervention of the press and the media, perhaps in part as a rebound to some of the manipulation of these agencies by gay activists. AIDS, its cause and consequences, is a much broader issue than the rather narrow perception that this text gives and while clearly it may be appropriate to consider a small issue within the whole, where there is

the potential to extrapolate to the wider issue, this text does not achieve this. But, maybe one is being too pragmatic and not distancing oneself from the larger issue that is AIDS.

P R MILLARD, MD, FRCPATH
Cellular Pathology, Level 1, The John Radcliffe
Hospital, Headley Way, Headington,
Oxford OX3 9DU

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News and notes

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Four copies of papers submitted for publication should be sent to: The Editor, *Journal of Medical Ethics*, Analytic Ethics Unit, Imperial College of Science, Technology and Medicine, London SW7 2AZ. The journal considers papers only if they are not under consideration by any other journal at the same time. Rejected manuscripts are not returned. Papers, including references, should be in double-spaced typewriting on one side of the paper only. Pages should be numbered sequentially. On the title page brief details of the author's present post, an address for readers' correspondence and contact fax and phone numbers, and a total word count should be supplied. Once a paper has been scheduled it will be requested on disk. This should be PC format, Wordperfect 6.1 if possible and there should be no hidden codes.

The *JME* uses a simplified 'Vancouver style' for references. The full text of the 'Vancouver Agreement' was published in the *British Medical Journal* in 1991;302:338-41. As the 'Vancouver style' is incompatible with the long established style of references for legal articles, lawyers should use their own standard style, but avoid abbreviations so as to facilitate reference by others. The journal is multidisciplinary and **papers should be in clear jargon-free English, accessible to any intelligent reader.**

Authors are asked to avoid footnotes. The preferred maximum length of papers is 3,500 words — absolute maximum 5,500 (including references). Book reviews should be between 600 and 1,000 words. Abbreviations should be avoided. The names of journals, organisations etc should be given in full in the text.

Two copies of the journal will be sent to authors free of charge after their papers are published. Offprints of individual papers may be bought from The Publisher, Journal of Medical Ethics, BMJ Publishing Dept, BMA House, Tavistock Square, London WC1H 9JR. If your paper involves research on human subjects please confirm that the study has received approval from a research ethics committee (or if not, please explain why not).

Simplified 'Vancouver style'

All papers submitted for publication should contain the following:

1 On page one of the manuscript:

- a) the title of the article which should be concise but informative and designed to

attract the reader. The Editor reserves the right to change titles to achieve these ends.

- b) names, initials or forenames and academic degrees (if any) of author or authors
- c) names of department(s) and institution(s) to which the work should be attributed, if any
- d) disclaimers, if any
- e) source(s) of support, if any

2 On page two:

- a) an *interesting* abstract or summary of not more than 150 words. Emphasise important and or new aspects of the article to attract the potential reader. Ensure the abstract contains a statement of the aim, key points and conclusion of the paper. Papers reporting the author's empirical research should contain a **structured abstract** summarising the research under the headings: objectives; design; setting; patients or participants; interventions; main measurements; results; conclusions. Structured abstracts should not be longer than 250 words.

- b) key (indexing) terms — below the abstract. Provide and identify as such, three to six key words or short phrases that will assist indexers in cross-indexing your article and that may be published with the abstract. Where appropriate, use terms from the Medical Subject Headings List from *INDEX Medicus*.

3 Acknowledgements:

- Acknowledge only persons who have made substantive contributions to the study. Authors are responsible for obtaining written permission from everyone acknowledged by name because readers may infer the latter's endorsement of data and conclusions.

4 References:

- Number these consecutively in the order in which they are first mentioned in the text, tables, and captions, by arabic numerals, in square brackets, for example, according to Jones.[3]**

The list of references at the end of the paper should be numbered in the order in which each reference appears in the text. Try to avoid using abstracts as references. 'Unpublished observations' and 'personal communications' may not be used as references, although references to written, not verbal, communications may be inserted (in parenthesis) in the text. Manuscripts accepted but not yet published may be used as references — designate the journal followed by 'in press' (in parenthesis). Information from manuscripts submitted but not accepted should be cited in the text as 'unpublished observations' (in parenthesis).

Where a further reference is made to a previous reference, but to a different page number or numbers, this should have a new reference number of its own and it should then refer back to the original reference, thus:

- 1 May T. The nurse under physician authority. *Journal of Medical Ethics* 1993;19:223-7.
- 2 See reference 1:225.

Please note also that the names of journals should be in italics. The volume number should be in bold.

References must be verified by the author(s) against the original documents.

The following scheme, a simplification of the 'Vancouver style' for biomedical journals, should be followed for each reference: in the text number in square brackets, following punctuation; in the list author (list all authors if six or less; if seven or more, list only the first six and add 'et al'), title, name of publication if different from title — in italic; place of publication and publisher (where appropriate); year of publication; and, where appropriate, volume number in bold and page references of article or chapter referred to. Examples of correct forms of reference are given below:

- a) Standard journal article:
1 Teasdale K, Kent G. The use of deception in nursing. *Journal of Medical Ethics* 1995;21:77-81.
- b) Corporate author:
2 General Medical Council.
Tomorrow's doctors — recommendations on undergraduate medical education. London: General Medical Council, 1993.
- c) No author given:
3 Anonymous [editorial]. Anonymous HIV testing. *Lancet* 1990;335:575-6.
- d) Personal author(s):
4 Singer P, Kuhse J. *Should the baby live?* Oxford: Oxford University Press, 1985.
- e) Editor, compiler, chairman as author:
5 Phillips CE, Wolfe JN, eds. *Clinical practice and economics*. Tunbridge Wells: Pitman Medical, 1977.
- f) Chapter in book:
6 Hope T. Ethics and psychiatry. In: Rose N, ed. *Essential psychiatry* [2nd ed]. Oxford: Basil Blackwell Scientific Publications, 1994:45-51.
- g) Agency publication:
7 The Linacre Centre for the Study of Ethics and Health Care. Paper 1: The principle of respect for human life. In: *Prolongation of life*. London: The Linacre Centre for the Study of Ethics and Health Care, 1978.

The Institute of Medical Ethics: research and medical groups

Research

Since 1975, the institute has conducted research in many areas of health care ethics and education, including issues related to resource allocation in health care, death and dying, abortion and the treatment of infertility, research with human subjects, and medical involvement in torture. Recent studies have been concerned with the use of

animals in biomedical research, ethical aspects of HIV infection and AIDS, and medical and nursing education. The institute's current research programme includes studies of decision-making in neonatal care and in the care of the elderly. Its research unit, based in Edinburgh, works in collaboration with multidisciplinary working par-

ties whose membership is drawn from all parts of the United Kingdom. The research unit provides information and advice on current issues in medical ethics to a variety of academic and health care bodies. Reports on the institute's research are regularly published in medical and nursing journals and by the institute.

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Dr M D McArthur, Department of Medicine for the Elderly, Wood End Hospital, Aberdeen AB9 2YS

BIRMINGHAM MEDICAL GROUP

Mr R Sawers, Birmingham Maternity Hospital, Queen Elizabeth Medical Centre, Edgbaston, Birmingham B15 2TG

BRISTOL MEDICAL GROUP

Dr Oliver Russell, Reader in Mental Health, Bristol University, Department of Mental Health, 41 St Michael's Hill, Bristol BS2 8DZ

DUNDEE MEDICAL GROUP

Mr Paul Preece, Department of Surgery, Ninewells Hospital, Dundee DD1 9SY

EDINBURGH MEDICAL GROUP

Dr Sarah Cunningham-Burley, Department of Public Health Sciences, Edinburgh University Medical School, Teviot Place, Edinburgh EH8 9AG

GLASGOW MEDICAL GROUP

Dr E Hillan, Department of Nursing Studies, Glasgow University, Glasgow G12 8QQ

LEEDS MEDICAL GROUP

Mr Brian Bentley, Principal of the School of Radiography, General Infirmary, Belmont Grove, Leeds LS2 9NS

LEICESTER MEDICAL GROUP

Dr R K McKinley, Department of General Practice, University of Leicester, Leicester General Hospital, Gwendolen Road, Leicester LE5 4PW

LIVERPOOL MEDICAL GROUP

Department of General Practice, Liverpool University, PO Box 147, Liverpool L69 3BX

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Dr Graham Clayden, Reader in Paediatrics, St Thomas's Hospital, Lambeth Palace Road, London SK1 7EH

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ST GEORGE'S MEDICAL GROUP

Dr N Eastman, St George's Hospital Medical School, London SW17 0RE

ST MARY'S HOSPITAL ETHICS FORUM

Jane Tessier-Denham, St Mary's Hospital Ethics Forum, St Mary's Hospital Medical School, Praed Street, London W2

MANCHESTER MEDICAL GROUP

Dr Geoffrey Jessup, 27 Oakwood Lane, Bowden, Altrincham, Cheshire WA14 3DL

NEWCASTLE MEDICAL GROUP

The Revd Bryan Vernon, Lecturer in the Ethics of Health Care, Newcastle University, Department of Primary Health Care, School of Health Care Sciences, The Medical School, Framlington Place, Newcastle upon Tyne NE2 4HH

NOTTINGHAM MEDICAL ETHICS GROUP

Dr T C O'Dowd, Department of General Practice, University Hospital and Medical School, Clifton Boulevard, Nottingham NG7 2UH

SOUTHAMPTON MEDICAL GROUP

The Revd T Pinner, 8 Bassett Close, Southampton SO2 3FP

Medical groups associated with the Institute of Medical Ethics have been established in British university teaching hospitals. Each academic year they arrange programmes of lectures and symposia on issues raised by the practice of medicine which concern other disciplines. Although these programmes are addressed primarily to medical, nursing and other hospital students they are open to all members of the medical, nursing and allied professions. There is no fee for attendance. Lecture lists are available by direct application to the appropriate co-ordinating secretary named above. A stamped addressed A4 envelope would be appreciated.